



## American Rescue Plan Act Application Grant Period February 1, 2023, through December 31, 2024

### GENERAL INFORMATION

The Carson City Board of Supervisors allocated funding from the American Rescue Plan Act (ARPA) for a competitive two-year grant, and the dates are February 1, 2023, through December 31, 2024. This application is based on prior approval of the Letter of Intent and should address the project or program described in the approved Letter of Intent.

The Carson City Board of Supervisors in accordance with the Carson City Housing Plan and Federal guidelines approved the following categories for this application, please check all boxes that apply.

#### Phase One – Survive

##### Street Outreach

Provide outreach services designed to build relationships with individuals who are without shelter, connect individuals with Carson City Health and Human Services (CCHHS) for shelter and services, and implement camp cleanup days.

#### Phase Two – Stabilize

##### Temporary Housing

- Temporary housing for individuals without shelter.
- Length of stay approximately 180 days
  - Examples: group living housing or modular shelters
- Temporary housing operations including the following services:

##### Case Management

- Behavioral health (mental health, substance abuse, crisis intervention and other behavioral health services)
- Physical health
- Life skills
- Transportation

##### Wrap Around Services

- Access to transportation
- Assistance obtaining important documents: birth certificates, social security cards, or ID cards
- Address medical needs including setting appointments with primary care physician
- Assist with legal and financial services
- Rental lease compliance, housekeeping, hygiene, cooking, shopping and yard maintenance

**The agency representative will be required to present the program or project to the Application Review Work Group on TBA, 2022.**

**Applications Are Due: November 28, 2022, by 4:00 P.M.**

**Please e-mail your application before or on the due date to: [grants@carson.org](mailto:grants@carson.org)**

**Applications will not be received after the deadline stated above.**

**Questions: Please call Mirjana Gavric, 775-283-7069 or email: [MGavric@carson.org](mailto:MGavric@carson.org)**

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### APPLICATION INSTRUCTIONS

#### Application Outlay

- Use 12-point font when preparing the application.
- Do not alter the order of the sections.
- The application must be submitted as one document and not in attachments.
- Ensure budget figures are mathematically correct.
- Use only whole dollar amounts. No cents.
- Observe page limitations.
- Respond to all sections of the application.
- Don't assume reviewers are familiar with the project or agency.
- Footnote any reference to federal, state, or local laws, codes, or statutes.
- Use local statistics rather than national statistics.
- Spell out acronyms, at least when first used. Eliminate jargon when possible.

#### Allowable Expenses

- Project personnel salaries and benefits, including overtime pay.
- Equipment necessary for implementation of the program.
- Building rental.
- Project personnel travel/training.
- Supplies and operating expenses directly related to project operation.
- Professional services (including contractors and consultants). Costs must fall within federally approved policy (Uniform Guidance 2 CFR § 200).

#### Unallowable Expenses

- Any expenditure not directly related to the program.
- Bar charges/alcoholic beverages.
- Bonuses, commissions, gifts, and incentives.
- Business cards.
- Car wash.
- Conference rooms.
- Entertainment.
- Food and beverages- not related directly to the project.
- Expense of organized fund-raising.
- Fines and penalties.

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- Membership Dues and Fees.
- Late charges.
- Lobbying, political contributions, and legislative liaison activities.
- Military type equipment.
- Newspaper subscriptions.
- Rental cars – unless previously justified and preapproved by Carson City.
- State and local sales taxes.
- Sporting events.
- Tips.
- Honoraria.
- Corporate Formation.
- Home office workspace and related utilities.
- Passport charges.

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**APPLICATION**

- NEW APPLICANT
- PREVIOUSLY FUNDED APPLICATION (AMOUNT \$ \_\_\_\_\_)

**APPLICANT INFORMATION**

<b>Agency Name:</b>	
<b>Agency Mailing Address:</b>	
<b>Project Name:</b>	
<b>Project Address if Different than Mailing Address:</b>	
<b>Contact Person:</b>	
<b>Office Number:</b>	<b>Email:</b>
<b>Cell Phone:</b>	<b>Website:</b>

**FISCAL MANAGER**

<b>Name:</b>	
<b>Title:</b>	
<b>Phone Number:</b>	
<b>Email:</b>	

**PROJECT FUNDING**

<b>Requested amount</b> <b>February – December 2023</b>	
<b>Requested amount</b> <b>January – December 2024</b>	
<b>Total project cost for two years</b>	

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### INSTRUCTIONS FOR APPLICATION

**#1 General Overview: - 10 points – 1-page limit** - Describe what the proposed project intends to accomplish with the grant funds. The purpose of this section is to:

1. establish the applicant agency,
2. explain how the funds will be used to specifically serve Carson City homeless residents,
3. explain if and how the **project or program aligns with the Carson City Housing Plan,**
4. describe the project, population to be served, services to be provided, and
5. describe the impact on the community and successful outcomes

Statistical information is not necessary in this section. Leave these specifics for the Problem Statement and Goals sections. If this is a continuation program, include past and present accomplishments and future plans.

**#2 Problem Statement: 10 points - 1-page limit** - The Problem Statement needs to describe all aspects of a problem. It includes the nature, magnitude, severity, rate of change, persons/entities affected and geographic scope. The Problem Statement clearly describes and substantiates the overall issue(s) addressed by the proposed project. It defines the problem, provides the need for funding in order to address the problem(s).

The Problem Statement is in a narrative form and includes the following:

- a description of the geographic area in Carson City affected,
- a description of the problem and contributing factors,
- document the problem by using quantifiable data, ← **IMPORTANT**
- who the problem affects and the consequences,
- under what circumstances the problem occurs,
- other agencies assisting in alleviating the problem,
- how will the ARPA funds help solve the problem(s),
- an explanation of how the proposed project will help towards a solution.

**#3 Goals and Objectives: 10 points - 1-page limit** - **Goals and objectives clarify the purpose of the request and help identify necessary actions. The goals must cover the life of the grant, a two-year period.**

**Project Goals:** This section contains a separate discussion for the proposed project's goals and the accompanying objectives. The goals are general statements of the desired results or anticipated outcome of the program. Goals address the problem identified in the Problem Statement section. The goals must be realistic, and achievable. Goals should NOT be stated in measurable terms.

- What do you want to achieve?
- Explain the goal(s) of the proposed project in simple, straightforward terms. **One or two** overall goals are sufficient.

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### INSTRUCTIONS FOR APPLICATION CONTINUED

- The goal(s) identify intended impacts or outcomes and results of the program.
- Each goal should have **objectives** describing how the agency will reach that goal.
- Be realistic.
- State the goals as a determination of achievement.
- The goals **MUST** tie into the Problem Statement and Project Evaluation.
- Administrative goals should not be your main objective.

**Project Objectives:** Each goal contains no more than four objectives. The objectives are the specific step or action taken to reach or achieve each goal. Objectives focus on the methods/activities used to address the problem; they **MUST** be clearly stated, realistic, and **measurable**. Use the statistics from the Problem Statement section to help determine measures. The Evaluation section of the application incorporates the measures from the objectives. The accomplishment of objectives results in the achievement of the goals they support. **CARSON CITY MAY REJECT APPLICATIONS WITHOUT MEASUREABLE OBJECTIVES.**

*Answer these questions for each objective:*

1. *WHAT will be done? Or what will change?*
2. *WHO will complete the tasks? Or who will change?*
3. *WHEN will the activity be implemented? Or when will the change occur?*
4. *HOW will they do it and HOW will they measure it?*
5. *INCLUDE a timeline; this demonstrates you have thought through your program.*
6. *AVOID the words might, if, could, should, would.*

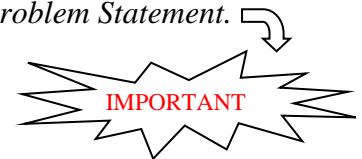
<b>EXAMPLE</b>
<b>GOAL:</b> The Carson City Library will increase the number of visitors in the next 12 months.
<b>OBJECTIVE #1</b> Carson City library staff will develop 12 public workshops inviting the public into the library for special events one workshop for each month.
<b>OBJECTIVE #2</b> Carson City library staff will create and distribute a brochure highlighting all the library’s special events and featured speakers, by April of 2023.
<b>OBJECTIVE #3</b> Carson City will advertise and host three open houses for Carson City residents in the next 6 months.

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**#4 Methods of Accomplishment: 20 points – 2-page limit** -This section MUST reference the goals and objectives set in #3. This section describes the activities used to accomplish the objectives. Here are several guidelines:

- What approach, system, method will be used to track and evaluate the project (survey, assessments, data tracking, intake forms, etc.)
- How will your method show improvement with the problem(s) and explain why this activity was chosen?
- Explain how this grant funding will impact or solve the stated problem.
- What gaps will be addressed in the community?
- Who are the organizations collaborator and/or partners?
- *Methods must tie to each goal and objective and to the Problem Statement.*



### INSTRUCTIONS FOR APPLICATION CONTINUED

**#5 Equitable Outcomes: 20 points- 2-page limit-** The agency must describe what equity strategies are being utilized to address Negative Economic Impacts and/or Services to Disproportionately Impact Communities. Please state:

- How will the program or project address equitable outcomes, barriers to services to individuals or families that are disadvantaged?
- Will the program or project gather feedback from diverse constituents, how?
- Will the program or project build community capacity, and how will that occur?

**#6 Sustainment of the Project: 5 points -1/2 page limit** - How will the proposed project continue operation when grant funds are no longer available? These funds are available for a two-year period. Proposed projects need to demonstrate self-sustainment as early as possible, even within one year's time when applicable. Provide a detailed summary and a timeline of the plan to continue operations after December of 2024.

**#7 Coordination and Collaboration: 5 points – 1/2 page limit**

A collaborative effort with state, education, prevention, treatment, and medical agencies is key to the success of many programs. Describe and document efforts to coordinate, cooperate, or work with other entities to ensure the success of the project's activities. Demonstrating collaboration will reflect favorably on the submitted application.

Your agency must provide a current Memorandum of Understanding (MOU) for Multi-jurisdictional partnerships. The MOU must contain details about the disposition of equipment purchased with awarded funds if the partnership is dissolved.

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### INSTRUCTIONS FOR APPLICATION CONTINUED

**#8 Budget & Budget Justification: 20 points** – When reviewing the budget; ask “Is this budget reasonable? Are these items necessary to the success of the program?” If you previously had a Carson City ARPA award for the same requested project, look at the budget from last year versus this requested budget. Are you duplicating purchases and/or services from the previous year?

#### PERSONNEL COSTS

This category refers to wages and fringe benefits for regular or part-time salaried employees related to the proposal. Other persons working on the proposed project, who are not on the regular payroll, must be classified either as contractual or consultant. This category also includes overtime for approved activities related to the proposed project.

AVOID SUPPLANTING - Do not request funding for an employee already on the payroll for existing duties; however, a regular employee may be paid for work on the project. Salaries may not exceed those normally paid for comparable positions in Carson City.

#### TRAVEL COSTS

*Note: If your project includes travel, please go to <http://gsa.gov> for current federal travel rates.*

- 1. In-State Travel** - List each anticipated in-state trip outside the local jurisdiction stating the purpose of the trip, destination, number of individuals traveling, airfare, hotel, per diem, mileage, days in travel status and total cost.
- 2. Out-of-State Travel** - List each anticipated out-of-state trip stating the purpose of the trip (e.g., training, interview, operations, etc.), destination, number of individuals traveling, airfare, hotel, per diem, mileage, days in travel status and total cost.
- 3. Travel Budget Justification** – Complete a narrative explaining the purpose of the travel and its connection to the project.
- 4. Registration Costs** – please list under the category Supplies/Operating. Carson City will pay for registration fees related to training events on a reimbursement basis. That is after the responsible agency provides proof of attendance and payment.

Break out the costs of each in-state and out-of-state trip separately to show the specific costs of transportation, food, lodging, and other expenses. Remember, costs may not exceed the federal rates. Indicate how/why the in-state or out-of-state trips are essential to the success of the project.

Per Carson City Travel Policy, travel that keeps an employee away from home overnight is travel away from home. Travel away from home is clearly work time when it cuts across the employee’s workday. The time is not only hours worked on regular working days during normal working hours but also during corresponding hours on nonworking days. As an enforcement policy the U.S. Wage and Hour Division will not consider as work time the time spent in travel away from home outside of regular working hours as a passenger on an



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airplane, train, boat, bus, or automobile. I.E. If your employee is regularly scheduled to work 8 a.m. to 5 p.m., Monday through Friday, travel time on a train, bus, airplane or in an automobile during these hours is hours worked on Saturday and Sunday, as well as on the other days. If your employee is a passenger and some part of his or her travel occurs outside of regular working hours, the travel time outside of your employee's regular hours is probably not hours worked. If your employee is driving, or otherwise working while traveling, then that may be considered hours worked.

### INSTRUCTIONS FOR APPLICATION CONTINUED

#### SUPPLIES /OPERATING EXPENSES

- 1. Supplies/Operating** - This section includes office supplies, forms, project supplies, supplies for repairs or maintenance, and equipment items costing under \$5,000; essentially, expendable, or consumable materials for use during the duration of the requested project. List items like postage, forms, office supplies, training materials, etc. Enter the quantity, unit cost, and total cost. Explain the methodology for determining the quantity requested.

This section also includes all operating expenses involving rental/lease arrangements and purchase of non-consultant type services.

For each item listed, enter the rate and/or unit cost.

- 2. Supplies and Operating Expenses Budget Justification** - A required narrative describing the basis for arriving at the cost of items listed. If you rent or lease equipment or facilities, explain in the narrative. Include the rate for each rental in the budget. For maintenance agreements, detail each item covered under the contract.

Example 1: \$ 200/year for computer maintenance agreement for x number of computers.

Example 2: \$1,008/year for basic office supplies = 2 employees @ \$42/each per month.

#### EQUIPMENT

List only those items that are to be purchased with grant funds. **Do not include expendable items costing less than \$ 5,000 per unit.** After each item listed enter the quantity, unit costs and total cost.

- 1. Total Equipment Costs** - Enter the total cost of equipment for the proposed project.
- 2. Equipment Budget Justification** - A narrative describing how the equipment will benefit the proposed project, why it is necessary to the success of the project and the consequences of not purchasing the equipment.

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**GENERAL OVERVIEW ONE PAGE LIMIT 10 POINTS**

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**PROBLEM STATEMENT ONE PAGE LIMIT 10 POINTS**

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**GOALS AND OBJECTIVES ONE PAGE LIMIT 10 POINTS**

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**METHODS OF ACCOMPLISHMENT TWO PAGE LIMIT 20 POINTS**

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**EQUITABLE OUTCOMES TWO PAGE LIMIT 20 POINTS**

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**SUSTAINMENT OF THE PROJECT HALF A PAGE LIMIT 5 POINTS**

**COORDINATION AND COLLABORATION HALF PAGE LIMIT 5 POINTS**

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### PROJECT BUDGET- 20 POINTS

Complete the Budget Summary chart below for two-years. This information is mandatory in order to be considered for an ARPA Grant. A detailed explanation must be made on the Budget Justification page, with calculations. Other funding is not required.

<b>Project Title:</b>	<b>Requested Amount</b>	<b>Other Funding</b>	<b>Total Funds</b>
<b>Project Expenses February 2023-December 2024</b>			
<b>Personnel</b>			
<b>Consultants/Contracts</b>			
<b>Travel</b>			
<b>Supplies/Operating</b>			
<b>Equipment</b>			
<b>Other</b>			
<b>TOTALS</b>			

### OTHER CARSON CITY CONTRIBUTIONS

1. Has your agency received funding or other support from Carson City in the past 3 years?

YES                       NO

2. If you checked the Yes box above, please list the year that you received funding or other support from Carson City and the amount of support per year.

- 1.
- 2.
- 3.

On your agencies letterhead, please describe the specific services/program(s) for which the funding or support was used.



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**BUDGET JUSTIFICATION**

Please list each project expense from the previous page and explain in more detail. Include calculations for the two-year period. Use additional pages if necessary.

PROJECT EXPENSE	AMOUNT BUDGETED	JUSTIFICATION OF EXPENSE

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### AGENCY INFORMATION

Date of incorporation	
Date of IRS certification	
Tax exempt number	
UEI #	

REQUIRED: Attach items 1-7 to your application. Item 8 is optional. Please list and reference any additional attachments you are providing with your application. Do not include attachments unless they are needed to understand the project.

### INDEX OF ATTACHMENTS

Attachment Number	Attachment Description	Attachment Included (✓)
1	<b>IRS Tax Exempt 501(c) (3) letter (available to print from Secretary of State’s website)</b>	
2	<b>Proof of incorporation from Secretary of State (Certificate Only)</b> Go to <a href="https://www.nvsilverflume.gov/certificate">https://www.nvsilverflume.gov/certificate</a> You will need to register in order to get the certificate. Cost is \$50. <b>OR</b> Submit proof that your entity is active and in good standing. Go to <a href="http://nvsos.gov/sosentitysearch/">http://nvsos.gov/sosentitysearch/</a> and print your business entity information	
3	<b>Current Organization Chart with names of staff members</b>	
4	<b>Current Board of Directors and terms of office.</b> [If a member of your Board of Directors is in a position to obtain a financial benefit or interest from your proposed project, you may be ineligible for ARPA funds.]	
5	<b>Copy of the most recent Federal Tax Return. Attach FIRST 2 PAGES</b>	
6	<b>Profit and Loss Statements and Balance Sheets for prior 3 years</b>	
7	Has your agency registered with the System for Award Management (SAM) <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>PLEASE ATTACH A COPY OF YOUR AGENCY’S SAM REGISTRATION</b>	
8	<b>Funding commitment letters and/or letters of support (if applicable)</b>	

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**CERTIFICATION**

Applicant certifies that to the best of his/her knowledge, all information submitted as part of this application is true. Applicant will comply with all grant and contract requirements if funding is approved.

Signature of Authorized Official	Date
Typed Name and Title of Authorized Official	Phone Number

Signature of President of Board of Directors	Date
Typed Name of President of Board of Directors	Phone Number

# CARSON CITY HOUSING PLAN

AUGUST 18, 2022



February 24, 2022 ~ Point in Time Count: 69 unsheltered individuals

1

## HOUSING COMMITTEE FORMED TO ADDRESS UNSHELTERED INDIVIDUALS

Members of the committee include agency representatives from –

- Carson City Health and Human Services (CCHHS)
- Carson City Leadership
- Carson City Community Development Department
- Carson Tahoe Regional Healthcare
- Friends in Service Helping (FISH)
- Nevada Rural Housing Authority
- State of Nevada Housing Division

▪ Along with –

- Homeless advocates
- Housing developers
- Individuals who have experienced homelessness
- Multi-unit housing owners

2

2

## GOAL: UNSHELTERED TO SHELTERED

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SURVIVE      STABILIZE      THRIVE

3

3

## STREET OUTREACH PROGRAM PHASE ONE: *SURVIVE*

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Provide outreach services designed to build relationships with people who are without shelter.

Contract with vendor to provide a team to work toward building a plan.

Give notice and implement camp clean up day.

Connect residents to CCHHS for services and shelter.

4

4

# STREET OUTREACH PROGRAM PHASE ONE: *SURVIVE*

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Projected Costs: \$67,000 to \$88,000



Emergency Solutions Grant (ESG)  
Indigent Accident Fund  
American Rescue Plan

**Create an opportunity to  
contribute to one's own success.**

Implementation timeline: 2-3 months

5

5

# POTENTIAL STREET OUTREACH TEAM PHASE ONE: *SURVIVE*

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Previously Homeless Individuals

Management Team/Leader

Volunteer Advocates

Veteran Volunteers

6

6

## HOUSING PRIORITIES PHASE TWO: *STABILIZE*

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- Housing First Model – make housing available
- Supportive Services - Case Management
  - ✓ Behavioral Health (mental health and substance abuse, crisis intervention and other behavioral health services)
  - ✓ Physical Health
  - ✓ Life Skills
  - ✓ Transportation

7

7

## HOUSING PRIORITIES PHASE TWO: *STABILIZE* GROUP LIVING HOUSING

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- Short Term Housing
- Wrap Around Services (services or outreach to achieve access to health and social services)
  - ✓ Access to transportation
  - ✓ Assistance with obtaining important documents: birth certificates, social security cards, ID
  - ✓ Address medical needs including set up appointment with primary care physician
  - ✓ Assist with legal and financial services
  - ✓ Rental lease compliance, housekeeping, hygiene, cooking, shopping and yard maintenance

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## HOUSING PRIORITIES PHASE TWO: *STABILIZE* GROUP LIVING HOUSING

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§ Projected Costs: \$600,000  
2 homes, staffed 24/7

Indigent Accident Fund  
American Rescue Plan  
Once implemented: Sheltering grants

Implementation timeline: 3 – 6 months

9

9

## HOUSING PRIORITIES PHASE TWO: *STABILIZE* GROUP LIVING HOUSING

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### NEXT STEPS

- Locate and lease housing unit(s)
- Furnish and prepare home for occupancy

10

10



## HOUSING PRIORITIES PHASE TWO: STABILIZE MODULAR SHELTER

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- Minimum 8 x 8 per bedroom
- Electricity to each unit, option solar panels
- Proposed minimum 20 units
- Bathroom and showers facilities provided
- Community room/flex space
- 180-day maximum stay
- Case Management services provided

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## HOUSING PRIORITIES PHASE TWO: STABILIZE MODULAR SHELTER

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12

12

## HOUSING PRIORITIES PHASE TWO: STABILIZE MODULAR SHELTER

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- Projected Costs:
- \$200,000 shelter purchases
  - \$300,000 / year operations

Indigent Accident Fund  
American Rescue Plan

Cost of Homelessness to a Community - \$40,000 to \$60,000 per person / per year

13

13

## HOUSING PRIORITIES PHASE TWO: STABILIZE MODULAR SHELTER

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### NEXT STEPS

- ENTITLEMENTS & PERMITTING
- RFP FOR VENDOR PROPOSALS

14

14

## PHASE THREE: *THRIVE*

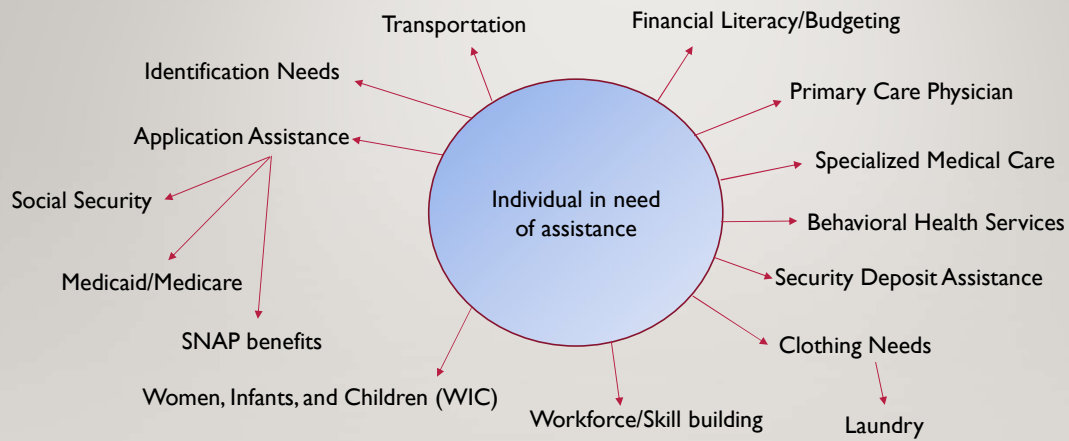
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- Move into independent living

**\$ PRICELESS...**

15

15



## PHASE THREE: *THRIVE*

16

16

## RECOMMENDATION FROM BOARD OF HEALTH

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Proposed recommendation to the Board of Supervisors to recognize that both unsheltered individuals and emergency housing are critical issues in Carson City and that the American Rescue Plan Act ("ARPA") funding be awarded for programs that support unsheltered individuals and emergency housing, as well as the Carson City Housing Plan ("Housing Plan").

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## THANK YOU FOR YOUR CONSIDERATION

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